



# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION

Number  
03-14

Date:  
07/09/03

### Administrative Memorandum

**SUBJECT: REVISED WFP&I 301 – PROSECUTION OF WELFARE FRAUD AND GRANTED IPV DECISION**

**REFERENCE:**

CANCELS:

FILE IN:

#### **I. PURPOSE**

This Administrative Memorandum releases a revised WFP&I 301, Prosecution of Welfare Fraud and Granted IPV Decision form. This form is used to notify the District Fraud Liaison that a welfare fraud referral has been successfully prosecuted. The letter also advises the district to impose the IPV sanction within 45 days of sentencing.

#### **II. POLICY**

This revised WFP&I 301 permanently cancels and replaces the previously released WFP&I 301. The revised WFP&I 301 includes instructions for new requirements resulting from the implementation of LEADER. Obsolete references to WCMIS have also been deleted. This revised form is to be used immediately. The form will be available on the LEADER server.

Please direct any questions regarding this form to your immediate supervisor.

A handwritten signature in cursive script, reading "Luther Evans", is written over a horizontal line.

Luther Evans, Director  
Welfare Fraud Prevention & Investigations Section

LE:MH:JR:jr

Attachment

c: Deputy Directors

# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## BUREAU OF HEALTH, NUTRITION & COMMUNITY SERVICES



Date: \_\_\_\_\_

TO: \_\_\_\_\_, Fraud Liaison Deputy  
\_\_\_\_\_ District District No.: \_\_\_\_\_

FROM: \_\_\_\_\_, Deputy Director  
Welfare Fraud Prevention & Investigations Section

SUBJECT: PROSECUTION OF WELFARE FRAUD REFERRAL AND GRANTED IPV DECISIONS:  
[ ] CALWORKS or [ ] GENERAL RELIEF and/ or [ ] FOOD STAMPS

This is to notify you that we have successfully prosecuted a participant for welfare fraud. The participant is either aided in your district or the case is closed and your district is the last district of record. The following is the conviction information:

Case Name:	Defendant's Name:
Case Number:	Court Case Number:
Date Convicted:	Date Sentenced:
Type of Fraud:	Medi-Cal Overpayment: \$
Cash Overpayment: \$	Overpayment Period:
F/S Overissuance: \$	Overissuance Period:

### Sentencing Information:

\_\_\_\_\_, was sentenced to \_\_\_\_\_ year(s) probation, ordered to perform \_\_\_\_\_ hours of community service, pay a fine of \$ \_\_\_\_\_, and make full restitution in the amount of \$ \_\_\_\_\_.

Attached are the documents sustaining Los Angeles County's position that the defendant named above committed an Intentional Program Violation (IPV) per CDSS CFC Section 20-350 or GR Handbook Section 44-333 and/or DPSS FS Handbook Section 63-800. **Please have your staff take appropriate action to disqualify the participant as specified above** and establish a LEADER Special Indicator for IPV Disqualification (Penalty). If the case is closed, please establish LEADER Special Indicator for action should the participant reapply for aid in the future. **Per existing regulations, the IPV disqualification must be imposed within 45 days of the sentencing.**

Please have your staff sign and return the attached PA 6.1, Miscellaneous Transmittal, provided to confirm receipt. If you have any questions, please call me at \_\_\_\_\_, or your staff may call \_\_\_\_\_, SWFI, UNIT Number \_\_\_\_\_, at \_\_\_\_\_.

I appreciate the effort and time your staff has taken to identify potential fraud and make referrals to WFP&I.

Attachment (s): Aid Type: ☐ CalWORKs or General Relief and/or ☐ Food Stamps  
Forms attached: ☐ PA 771, ☐ PA 245-1, and/or ☐ DFA 478

cc: District Director  
Case Record

### Distribution:

Original - District Fraud Liaison  
First Copy - FSFS

Second Copy - WFP&I CFF Perm.  
Third Copy - WFP&I Control Files

LE:MH:JR:jr